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CONFIRMATION NO. 1395

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 10/191,667 07/09/2002 PAT 6,685,739  
 which is a DIV of 09/425,142 10/21/1999 PAT 6,440,164

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met  
☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: [Signature] Initials: [Initials]

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TITLE  
 Implantable prosthetic valve

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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